U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/37(	2. Fiscal Year Covered From:
3	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name LEE M LIBERT	Name GREATER PA REGIONAL COUNCIL OF CARPENTERS
	Labor Organization File Number 305-030 035 05 6
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10 PENNY LANE	Street 495 MANSFIELD AVENUE
City MCDONALD	City PITTSBURGH
State Pennsylvania ZIP Code + 4 15057	State Pennsylvania ZIP Code + 4 15205
5. Position in labor organization. EMPLOYEE-ASS'T DIR. OF TRAIN	ING
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	t so with the first some sound of the sound
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Lew Till	On 8/12/2005 (724) 926-8884  Date Telephone Number
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Name of Person Filing LEE LIBERT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name MOBILE MEDICAL CORPORATION	14.a. Nature of payment.  GOLF OUTING
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2413 LYTLE ROAD  City BETHEL PARK  State Pennsylvania ZIP Code + 4 15102	
13.b. Is the Business an Employer or Consultant 7 ?	14.b. Amount of payment.